

**SOUTH DAKOTA NATIONAL GUARD
FAMILY READINESS ADVISORY COUNCIL**

NOMINATION FORM

PURPOSE of ADVISORY COUNCIL: The State Family Readiness Advisory Council will advise and assist the state staff, commanders, and unit personnel in matters relating to family readiness and support. The council's link to these individuals will be through the State Family Readiness Director.

ORGANIZATION of ADVISORY COUNCIL: The council is comprised of 14 members: the State Family Readiness Director, the Air National Guard Family Readiness Wing Coordinator, 3 volunteers - 1 Air and 2 Army National Guard, two unit family readiness representatives (military) - 1 Air and 1 Army, 1 retention representative (military), 1 Chaplain representative, 1 family readiness training coordinator, 1 representative for retired National Guard members, 1 state youth coordinator, 1 state Lead Volunteer Coordinator and 1 family readiness Financial/Budget Advisor.

NOMINATING AUTHORITIES for the ADVISORY COUNCIL:

(1) Unit Commander for Volunteers, Unit Family Readiness Representatives and Representative for Retired National Guard Members

(2) State Chaplain for Chaplain Representative

(3) Recruiting/Retention Manager for Retention Representative

(4) State Family Readiness Director and Wing Family Readiness Coordinator

NOMINATION for WHICH POSITION on the ADVISORY COUNCIL: (Please check one)

☐ Volunteer ☐ Unit Family Readiness Rep. ☐ Chaplain Rep. ☐ Retention Rep.

☐ Representative for Retired National Guard Members

WHO IS ELIGIBLE: Nominees must meet the following criteria.

Circle YES or NO to each of the following questions pertaining to your nominee.

(1) **Volunteer** nominee: Currently or has been involved in the Family Readiness Program for a minimum of two years.

YES NO

Has an understanding of the Family Readiness Program.

YES NO

SDNG Advisory Council Nomination Form Continued:

(1) **Volunteer** nominee continued:

Have they attended any Family Readiness Training/Workshops at any level?
(Recommended not required)

YES NO

(2) **Unit Family Readiness Representative** nominee: Must be a member of the National Guard for a minimum of two years.

YES NO

Has an active interest/involvement in family readiness.

YES NO

Has an understanding of the Family Readiness Program.

YES NO

(3) **Chaplain Representative**: Must be a qualified Chaplain, Chaplain's assistant or a recognized member of a ministry team.

YES NO

Has an active interest/involvement in family readiness.

YES NO

Has an understanding of the Family Readiness Program.

YES NO

(4) **Retention Representative** nominee: Must be assigned in a retention position and a member of the National Guard for a minimum of two years.

YES NO

Has an active interest/involvement in family readiness.

YES NO

Has an understanding of the Family Readiness Program.

YES NO

SDNG Advisory Council Nomination Form Continued:

(5) **Representative for Retired National Guard Members** nominee: Can be currently serving in the National Guard or a retired National Guard member. Can also be a family member.

Has an understanding of the National Guard and how the system works.

YES NO

Has an understanding of the Family Readiness Program.

YES NO

LENGTH OF TERMS on the ADVISORY COUNCIL: The State Family Readiness Director, the Air National Guard Wing Coordinator, the state family readiness training, youth, and lead volunteer coordinators, the family readiness financial/budget advisor and Air Guard positions will be permanent positions and those terms served continuously on the council. All other council members will serve two year terms. They may be nominated more than once as long as they do not exceed two consecutive terms as a council member.

I. NOMINEE INFORMATION for ADVISORY COUNCIL VACANCY:

Name: _____

Mailing
Address: _____
Box/Street

City State Zip Code

II. NOMINATOR INFORMATION:

Name/Title: _____

Organization
Mailing Address: _____
Box/Street

City State Zip Code

SDNG Advisory Council Nomination Form Continued:

III. SUMMARY: In the space provided, briefly summarize the reasons your nominee would be an asset to the Advisory Council.

Signature of Nominator

Date

SUBMIT NOMINATION TO: South Dakota Army National Guard
ATTN: State Family Program Office
Bldg. 520
2823 West Main
Rapid City, SD 57702-8186

NOMINATIONS MUST BE RECEIVED AT THIS OFFICE NLT AUGUST 15th.

****Any questions call the State Family Program Office at 1-800-658-3930 or (605) 737-6728 or email at: familyprogram@sd.ngb.army.mil**

***Selections will be made in September. The Council will notify nominees and commands of selection or non selection in writing.**